

Harmony Women's Health

FOOD DROPS RE-ORDER FORM

Name: _____ Date of request: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home phone: _____ work: _____ Email: _____

I need the following drops (please mark the appropriate spaces): CPT code: 95165

- | | | |
|--|------------------------------------|---------------------------------|
| <input type="checkbox"/> ALMOND | <input type="checkbox"/> EGG | <input type="checkbox"/> RICE |
| <input type="checkbox"/> BAKER'S YEAST | <input type="checkbox"/> EGG WHITE | <input type="checkbox"/> SOY |
| <input type="checkbox"/> BANANA | <input type="checkbox"/> EGG YOLK | <input type="checkbox"/> TOMATO |
| <input type="checkbox"/> BEEF | <input type="checkbox"/> MILK | <input type="checkbox"/> WHEAT |
| <input type="checkbox"/> CHICKEN | <input type="checkbox"/> OATS | |
| <input type="checkbox"/> CORN | <input type="checkbox"/> POTATO | |

Total number of single bottles:		@ \$50 per bottle	\$ _____
Number of bottles with 2 foods		@ \$75 per bottle	\$ _____
Number of bottles with 3 foods		@ \$90 per bottle	\$ _____
Shipping and Handling:		(FedEx available for \$25.00)	\$ <u>5.00</u>
TOTAL AMOUNT:			\$ _____

Method of Payment:

- Check (enclosed) Amount: _____
- Credit Card (circle type): Visa MC
 Account No. _____ Exp Date: _____
- Signature: _____ Date: _____
- Please mail my drops:
- I will pick up my drops at the office (please call when they are ready)

Let us know how you are doing! Please rate the following symptoms relative to how much they bothered you over the past month on a 0-10 scale where **0** is not a problem at all, **5** is a moderate problem, and **10** is the worst imaginable.

Menstrual cramps	
Premenstrual cramps	
Pelvic pain	
Pain with intercourse	
Nerve pain	
Breast tenderness	
Bloating	
Nausea/vomiting	
Constipation	
Diarrhea	

Pain with BM	
Headache	
Stress	
Fatigue	
Irritability	
Depression	
Anxiety	
Memory	
Carbohydrate cravings	
Food cravings	

Sex drive	
Vulvar pain	
Urinary frequency	
Nocturia	
Sinus headaches	
Runny nose	
Coughing	
Sneezing	
Itching skin	